

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53687 6

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		120					53						
4	101						54						
5		60					55						
6	60						56						
7		10					57						
8	1						58						
9		1					59						
10	1						60						
11		1					61						
12		121					62						
13	101						63						
14		10					64						
15	10						65						
16		10					66						
17	1						67						
18		1					68						
19		12					69						
20	101						70						
21		10					71						
22	10						72						
23		10					73						
24							74						
25							75						
26							76						
27							77						
28							78						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓			↓								
TOTAL DEP.	19	←			←								
TOTAL CLAIMS	23												